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26161 7590 06/16/2004

FISH & RICHARDSON PC
225 FRANKLIN ST
BOSTON, MA 02110

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Maryann White	(Depositor's name)
<i>Maryann White</i>	(Signature)
September 15, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/081,817	02/22/2002	Kornelia Polyak	00530-094001/ DFCI#689	3070

TITLE OF INVENTION: HIN-1, A TUMOR SUPPRESSOR GENE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/16/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
NICKOL, GARY B		1642	435-007230		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Dana-Farber Cancer Institute, Inc.
The General Hospital Corporation

Boston, Massachusetts
Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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- Issue Fee
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(Authorized Signature) *Stuart Macphail* (Date) 9/15/04

Stuart Macphail (Reg. No. 44-217)

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09/21/2004 RMEBRA1 00000179 10081817

01 FC:2501	665.00	OP
02 FC:1504	300.00	OP
03 FC:8001	30.00	OP

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